

UTAH WATER OPERATOR CERTIFICATION PROGRAM EXAMINATION APPLICATION



Click here to
pay online

Instructions:

To help us determine your operator status (restricted or non-restricted), please complete **all** sections. All correspondence will be mailed to you at the home address you provide on this page.

The water operator exam fee is \$100.00. Applications submitted without a fee will not be processed. The application and fee must arrive at the Division of Drinking Water (DDW) office by the deadline listed in the exam announcement. Applications received after the deadline will not be accepted. If you have questions or concerns, please call the Operator Certification Program staff at (801) 536-4200.

Make check or money order payable to the "Division of Drinking Water." Do not send cash through the mail. Applications may be hand-carried to the Division of Drinking Water offices at 150 North 1950 West, 2nd floor, P.O. Box 144830, Salt Lake City, Utah 84114-4830.

You may now pay online at <http://www.drinkingwater.utah.gov>. The date listed on your credit card or E-check **receipt** will be considered your actual application submittal date. **Important:** If you pay online on or before the deadline, mail or fax your completed application and your receipt **as soon as possible** to the DDW office so that your name can be added to the exam reservation list. DDW fax number: (801) 536-4211.

Please print clearly or type

Today's Date _____

Applicant's name _____ Birth date _____

Certification No. (5 digits) _____ Social Security No. _____ Home phone _____

House address or PO Box no. _____

City _____ State _____ Zip code _____ Fax no. _____

Employer or Water System name _____

Address _____ Work phone _____

City _____ State _____ Zip code _____

CIRCLE GRADE LEVEL DESIRED

Water Distribution Grade Levels

(includes chlorination)

SS 1 2 3 4

Water Treatment Grade Levels

(complete treatment of surface water)

1 2 3 4

Definitions: **SS** - small system exam (for water systems serving a population of 25-500); **GRADE 1** (pop. <1,500); **GRADE 2** (pop. 1,501 to 5,000); **GRADE 3** (pop. 5,001 to 20,000); **GRADE 4** (pop. >20,000).

Exam date (month/day/year): _____

CIRCLE EXAM LOCATION DESIRED

(In the event of a location change, you will be notified by confirmation letter.)

Bear River District Health Dept.
655 East 1300 North
Logan, Utah 84321

Southeast Utah District Health Dept.
117 S. Main Street
Monticello, Utah 84535

Utah County Health Dept.
151 S. University Ave (Suite 2600)
Provo, Utah 84601

Bear River District Health Dept.
817 West 950 South (use south building)
Brigham City, Utah 84302

Southeast Utah District Health Dept.
28 South 1st East
Price, Utah 84501

State and County Building
152 East 100 North
Vernal, Utah 84078

Central Utah Public Health Dept.
146 North Main
Nephi, Utah 84648

Utah State University Extension Office
585 North Main, Suite 5
Cedar City, Utah 84720

Wasatch City-County Health Dept.
55 South 500 East
Heber City, Utah 84032

Central Utah Public Health Dept.
70 Westview Drive
Richfield, Utah 84701

St. George City Building
175 East 200 North (Council Chambers)
St. George, Utah 84770

Weber-Morgan District Health Dept.
477 23rd St.
Ogden, Utah 84401

Davis County Health Dept.
28 E. State Street (Courthouse, Rm. 230)
Farmington, Utah 84025

Sheldon D. Richins Building
6505 N. Landmark Drive
Park City, Utah 84098

American Water Works Association
AWWA
Conference Site

Quality Inn
1659 W. North Temple
Salt Lake City, Utah 84116

Tooele County Health Dept.
151 N. Main Street
Tooele, Utah 84074

Rural Water Association of Utah
RWAU
Conference Site

In compliance with the Americans with Disabilities Act, individuals with special needs (including auxiliary communicative aids and services) should contact Charlene Lamph, Office of Human Resources at 536-4413 (TDD 536-4414), at least five working days prior to the scheduled meeting/hearing.

CURRENT EMPLOYMENT

Utah water system name _____ Utah water system number _____

Your current job title _____ Total years with this employer _____

Total years as DRC* operator with this employer _____ Are you a DRC* operator now? Yes _____ No _____

Duties of current position:

*DRC (Direct Responsible Charge) - DRC means active daily on-site charge and performance of operation duties. The person in direct responsible charge is generally an individual who independently makes decisions during normal operation which can affect the sanitary quality, safety, and adequacy of water delivered to customers. In cases where only one operator is employed by the system, this operator shall be considered to be in direct responsible charge. In cases where more than one operator is employed, more than one operator may be in direct responsible charge.

If you want credit as a Direct Responsible Charge (DRC) operator, fill out this section and have your supervisor sign below:

“Mr / Ms _____ has _____ total years of water system experience and _____ years as a _____ Direct
(Treatment and/or Distribution)

Responsible Charge Operator with the _____
water system (Utah water system # _____).”

Supervisor's signature _____ Date _____

PAST EMPLOYMENT

Experience gained by the operator as a Direct Responsible Charge operator, which is to be considered for use in the determination of restricted vs. unrestricted status, must be in the discipline of Treatment or Distribution of the certificate desired.

After completing this section, please fill out “Previous Water Industry Work Experience” on the next page.

“In **addition** to the experience noted above, I have _____ total years experience in
_____ and _____ total years as a DRC Operator
(Treatment and/or Distribution)

in other drinking water systems. I understand that all information may be verified at any time by the Operator Certification Program staff.”

Operator's signature _____ Date _____

EDUCATION

What is the highest level of education you have completed?

GRADE SCHOOL _____ HIGH SCHOOL _____

COLLEGE GRADUATE:

___ Associate (2-year degree)	Major _____	Year _____
___ Bachelor (4-year degree)	Major _____	Year _____
___ Master (Post Graduate)	Major _____	Year _____
___ Doctorate	Major _____	Year _____

HOW TO REGISTER FOR THE EXAM

Fill out the application form completely and return it, along with the \$100.00 exam fee, to the Division of Drinking Water (address listed below). Make check or money order payable to the **Division of Drinking Water** and label it "Certification Exam Fee." Or you may now pay online at: http://www.drinkingwater.utah.gov/shopping_cart.htm.

Please submit your exam application and fee early! Applications received after the deadline will not be accepted. If you have questions or concerns, feel free to call the Operator Certification staff at (801) 536-4200.

**Division of Drinking Water
Operator Certification Program
150 North 1950 West
P.O. Box 144830
Salt Lake City, Utah 84114-4830
Telephone: (801) 536-4200
Fax: 801-536-4211
E-mail: mhand@utah.gov
Website: <http://drinkingwater.utah.gov>**

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(Office Use Only)

	<i>Date</i>	<i>Name</i>	<i>Amount</i>	<i>Check or M.O. #</i>
<i>Examination fee received:</i>				
<i>Enter/Update in DMAC:</i>			<i>Operator Status:</i> <i>Restricted</i> _____ <i>Unrestricted</i> _____	
<i>Certificate printed:</i>				
<i>Certificate mailed:</i>				

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PREVIOUS WATER INDUSTRY WORK EXPERIENCE

Employer's Name and Address:

Your job title:

Total years with this employer:

Total years as Direct Responsible Charge operator:

Job duties:

Supervisor's name:

Employer's Name and Address:

Your job title:

Total years with this employer:

Total years as Direct Responsible Charge operator:

Job duties:

Supervisor's name:
